RE21 WAMIINDIE CODA

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective November 10, 1998									C9	4/4	188	85	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMAL	LENTITY	OR	OTHER		
FOR NUMBER FILED NUMBER EXTRA						Г	RATE		7	RATE	FEE		
BASIC FEE									380.00	OR		760.00	
TO	OTAL CLAIMS			minus	20= •	•		X\$ 9=		ОЯ	X\$18=	-	
INI	DEPENDENT C	LAIMS		minus	3= 1 8	• 8		X39=		OR	X78=	124	
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		1	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	_	OR	TOTAL	1384	
CLAIMS AS AMENDED - PART II								IOIA	<u> </u>	Jon	OTHER		
L	(Column 1) (Column 2) (Column 3)						_	SMAL	L ENTITY	OR	SMALL		
AMENDMENT &	10	REM Al	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total .	• /	<u>8</u>	Minus .	- 20	- /		X\$ 9=	:	OR	X\$18=		
	Independent	• /	1	Minus	***//	1-0		X39=	1	OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+130=		OR	+260=		
9-3-04					•			TOYA			TOTAL ADDIT: FEE		
	(Column 1) (Column 2) (Column 3)						~	DD11. FE		•	<i>-</i>		
AMENDMENT B		REM AF	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• /	8	Minus	- 20	. ——		X\$ 9=		OR	X\$18=		
	Independent	• /		Minus	*** //	-	T	X39=		OR	X78 =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	300 1260 =		
							AC	TOTA POIT. FE		OR	TÖTAL ADDIT. FEE		
			ımn 1) Alms	8.37 3 3 F	(Column 2) HIGHEST	(Column 3)	_	···_				•	
AMENDMENT C		REM.	AINING TER DMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	ŀ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
S	.Total	•		Minus	**		Γ	X\$ 9=		OR	X\$18=		
AME	Independent	•	MAC	Minus	###	<u> </u>	Ì.	X39=	***************************************	OR	X78=		
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+130=		OR.	+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL ADDIT FOR										OB I	TOTAL		
***	If the "Highest Nu	mber Pre	Mously	Paid For IN THI	S SPACE is less	than 3, enter "3." the highest number				•	ADDIT. FEE! umn 1.		
SER.	PTO 875									_			

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